

Chapter 1 – Overview of the State

An individual's health is influenced by many interrelated factors such as environment, socio-economic status, health behavior, genetics and access to health care. These health determinants are important contextually in order to explain why particular health patterns appear within populations. This chapter explores these factors in more detail in order to establish a state-specific context for considering the health of MCH priority populations.

Section 1: Geography

The state of Colorado, located in the western half of the United States, is bisected from north to south by the Rocky Mountain range, dividing it into eastern and western slopes. The boundary lines create an almost perfect rectangle, measuring 387 miles by 276 miles. Colorado has the eighth largest area of land mass in the U.S., with varying topography. The eastern half of the state boasts grassy plains and rolling prairies that gradually rise westward to the Front Range foothills, at an elevation of over 5,000 ft. Traveling west, Colorado has the highest mean elevation of any state, with more than one thousand mountain peaks over 10,000 feet high.¹

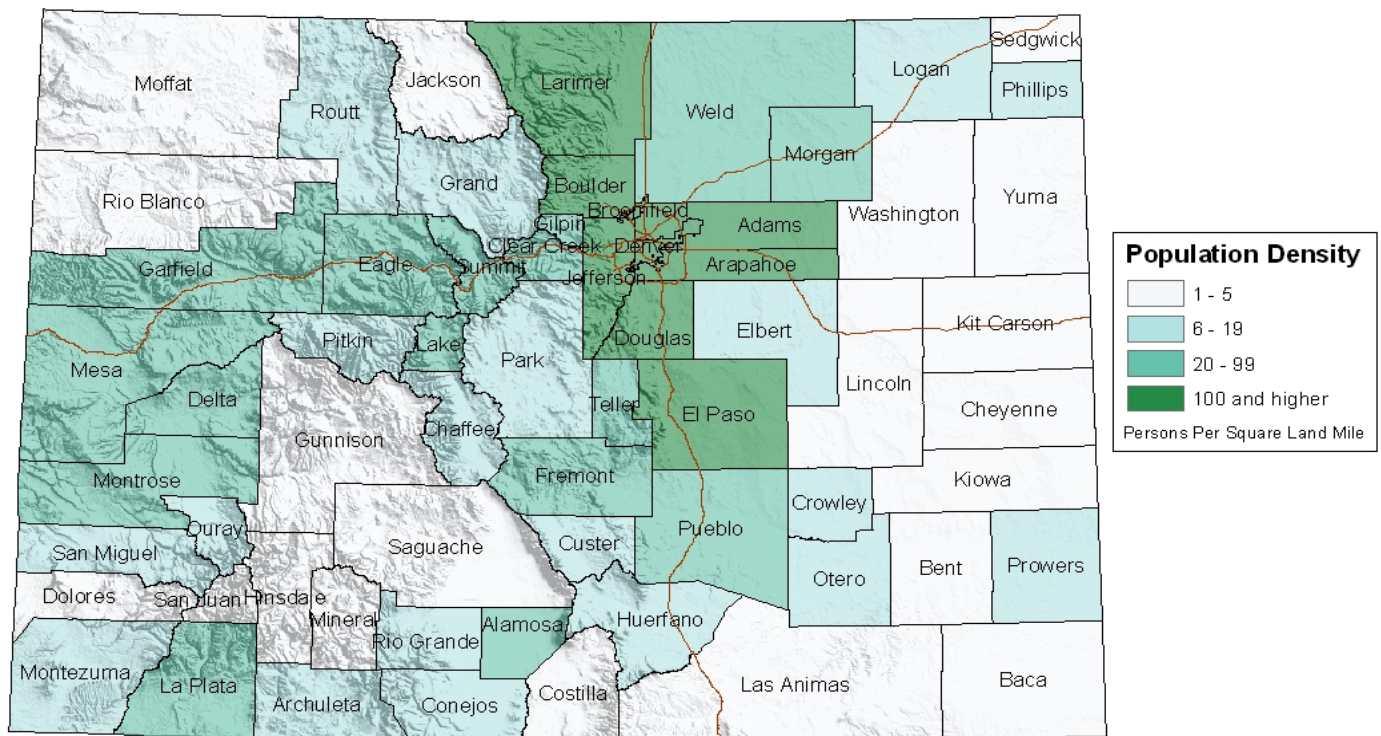


Figure 1. Colorado Estimated Population Density by County, 2010
(Source: Colorado State Demographer's Office)

Eighty-two percent of the state's population lives in 16 metropolitan counties along the Front Range and in one county on the Western Slope.² The other 18 percent of residents are scattered throughout Colorado's 47 rural and frontier counties.³ Confirming the rural vastness of the state, 20 Colorado counties are considered frontier, defined as less than 6 persons per square mile, eleven of which have two or fewer persons per square mile.⁴ Front Range population centers include Denver, Boulder, Ft. Collins, Greeley, Colorado Springs, and Pueblo. Grand Junction, located in Mesa County, is the major metropolitan area on the Western Slope. Figure 1 illustrates Colorado counties by population density estimated for 2010.⁵

Section 2: Population

Colorado recently achieved the 5 million resident milestone with a 2010 projected population of 5,218,146. Colorado has one of the fastest growth rates nationally, increasing by 10 percent between 2005 and 2010, and projected to increase another 10 percent by 2015.³ The number of Colorado residents increased by an estimated 17.2 percent, between 2000 and 2009, compared to the U.S. at 9.0 percent.^{2,6} All five regions within the state also experienced growth (from 2000-2007), including the Front Range, the Western Slope, the Eastern Plains, the Central Mountains, and the San Luis Valley. Population on the Eastern Plains increased the least at 3 percent, with the Western Slope increasing the most at 18 percent.³ Population growth is determined by the net result of three factors: the number of 1) resident births, 2) deaths, and 3) migration into the state.

Births

Between 2000 and 2008, the number of Colorado births increased by 7 percent, well below the pace of the state's ten-year 16 percent growth rate in births observed in the decade of the 1990s.⁷ In 2000 there were 65,429 births to Colorado residents; the number of births rose to 70,804 in 2007. However, a decline in the number occurred in 2008 when there were 70,028 births. The decline continued in 2009 with a total of 68,602 births in that year.

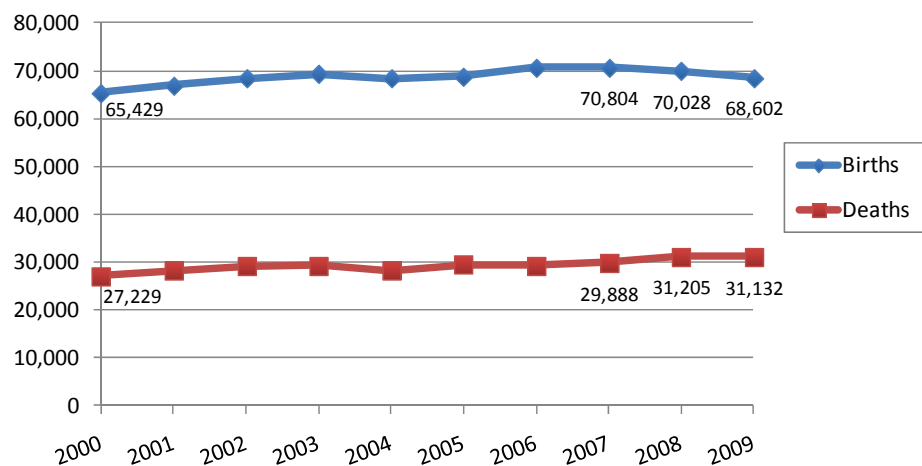


Figure 2. Number of Births and Deaths, Colorado 2000-2009

Source: Colorado Department of Public Health and Environment, Health Statistics Section

Deaths

In contrast to the number of births, Colorado has consistently experienced less than half as many deaths in a given year. For example, while the number of births in 2008 was 70,028, the number of deaths was 31,205. Figure 2 illustrates the number of births compared to deaths in Colorado over the past decade.⁷

Net Migration

Between 2000 and 2009, the net migration in Colorado (the total number of people moving into the state minus the number leaving), was estimated to be 597,392. Between 2010 and 2012, Colorado's net migration is projected to continue increasing with an additional 143,700 residents arriving.⁸ Migration contributes the largest component of population growth in the state.

Section 3: Demographics

Race/Ethnicity

The largest racial and ethnic group in Colorado is categorized in the U.S. Census as White/non-Hispanic, and makes up 71.0 percent of the population, compared to the U.S. where White/non-Hispanic comprises 65.6 percent.ⁱ The White/Hispanicⁱⁱ population above is the next largest racial/ethnic group and the fastest growing in Colorado, accounting for 20.2 percent of residents, compared to the U.S. at 15.4 percent. Black/African-Americans make up 4.3 percent of the Colorado population and 12.8 percent of the U.S. population; Asian Americans/Pacific Islanders make up 2.9 percent of Colorado's population, and 4.9 percent of the U.S. population; and American Indians comprise 1.2 percent of the state's population compared with 1.0 percent nationally. In addition, 2.2 percent of Colorado residents have self-reported as either "other race" or "more than one race."⁹ Figure 3 illustrates the proportion of racial and ethnic groups in Colorado.

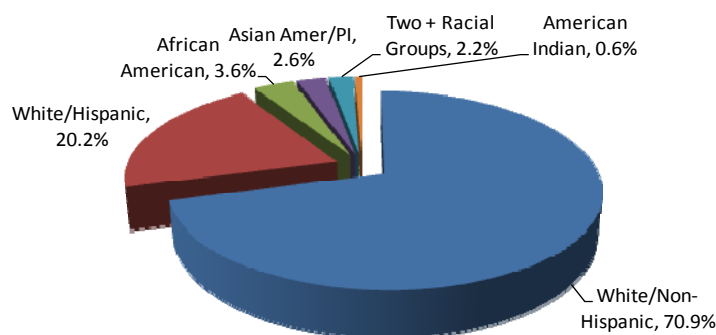


Figure 3. Colorado Population by Race/Ethnicity, 2008

Source: U.S. Census Bureau

ⁱ White/non-Hispanic refers to categorization by race (White) and by ethnicity (non-Hispanic). In the Census, race and ethnicity are two separate questions.

ⁱⁱ White/Hispanic refers to people who are both White race and Hispanic ethnicity. Persons of Hispanic ethnicity are typically grouped under White race in Census tables unless they describe themselves specifically as nonwhite, for example, Black/Hispanic.

The White/Hispanic population is the fastest growing racial/ethnic group in Colorado. During 2000, those identifying as White/Hispanic comprised 17.1 percent of Colorado's population, and increased to 20.2 percent in 2008.⁹ The vast majority of the White/Hispanic population is of Mexican descent, while the remainder is primarily from Central and South America. Over 71 percent of Colorado's White/Hispanic population were born in the United States, and almost 16 percent of those born outside the U.S. are naturalized citizens.¹⁰ Table 1 shows the growth in the White/Hispanic population between 2000 and 2006-2008, for Colorado counties with at least a population of 20,000 in the later period. Douglas County had the largest rate of increase at 11 percent, while Adams County experienced the largest growth in numbers, with over 45,000 new White/Hispanic residents during the time period.

Table 1. Growth in the Colorado White/ Hispanic Population from 2000 to 2006-2008

County	2000 White/ Hispanic Population	2006-2008 Estimated White/ Hispanic Population*	Increase in White/ Hispanic Population	
			Percent	Number
Douglas	8,886	19,237	116	10,351
Garfield	7,300	12,692	74	5,392
Arapahoe	57,612	93,308	62	35,696
Elbert	766	1,202	57	436
Teller	718	1,075	50	357
Adams	102,585	148,121	44	45,536
Mesa	11,651	16,342	40	4,691
Jefferson	52,449	72,601	38	20,152
Montrose	4,967	6,779	36	1,812
Larimer	20,811	28,279	36	7,468
Weld	48,935	66,314	36	17,379
El Paso	58,401	78,608	35	20,207
Delta	3,171	3,997	26	826
Boulder	30,456	37,894	24	7,438
Fremont	4,776	5,858	23	1,082
La Plata	4,571	5,345	17	774
Denver	175,704	199,511	14	23,807
Pueblo	53,710	60,262	12	6,552
Subtotal	634,469	857,425	35	222,965
All other counties	101,132	106,406	5	5,274
State	735,601	963,831	31	228,230

Source: U.S. Census Bureau 2000 Summary File and 2006-2008 American Community Survey.

*One-year estimates are not available for all counties; estimates based on three-year averages are provided.

Language

Approximately 17 percent of Colorado residents age 5 and older speak a language other than English in the home, with over 70 percent speaking Spanish.¹¹ Four percent of households in Colorado are estimated to be linguistically isolated, meaning that all members ages 14 years and older have at least some difficulty speaking English.¹²

Age

Both Colorado and the U.S. report older populations due to the size of the baby boom generation, now in their late 40s to early 60s. Colorado's 2008 median age was 36.1 years, an increase from 34.4 years in 2000, and similar to the 2008 U.S median age of 36.8.¹³⁻¹⁴ In terms of the MCH priority populations, the 2010 projected numbers of residents, by age group, are as follows:

- Early Childhood (ages 0-8): 661,030
- Adolescents (ages 9-12): 274,974
(ages 13-19): 493,819
- Women of Reproductive Age (ages 15-44): 1,061,773

Table 2 illustrates the projected age distribution of Colorado's population for 2010, in five-year increments below age 45 and by gender.

Table 2. Colorado Population Projections by Age and Sex, 2010

Age Group	Total	Males	Females
0-4	371,888	190,426	181,462
5-9	370,551	189,699	180,852
10-14	335,888	171,930	163,958
15-19	364,312	187,126	177,186
20-24	395,727	206,516	189,211
25-29	354,991	183,903	171,087
30-34	337,274	174,108	163,166
35-39	381,588	199,204	182,384
40-44	370,245	191,506	178,739
45+	1,935,682	935,277	1,000,403
Total	5,218,146	2,629,695	2,588,448

Source: Colorado Department of Local Affairs, Division of Local Government, State Demography Office

Section 3: Economy

The ability to earn an adequate income may be the single largest predictor of health. Income is intrinsically linked to health status with a positive correlation between low income and higher rates of poor health, chronic medical conditions, adverse maternal and child health outcomes and behavioral risk factors. Income functions as a determinant of health care access and neighborhood safety, while influencing lifestyle risk and protective factors and mental health. Studies have shown that living in a low-income household over time produces the type of chronic stress that has a cumulative effect on health. Those with the lowest lifetime incomes tend to demonstrate the poorest health outcomes.¹⁵

Because income is such an important determinant of health, the health status of a population fluctuates with the economy, and Colorado, like the U.S. is in the midst of a recession. This economic downturn has been realized through job loss, wage declines, loss of wealth, and credit tightening. According to the Colorado Legislative Council, "the road ahead will be rocky,

with different rates of recovery predicted for the state’s geographically diverse industries.” In addition, state governmental revenues have been falling, and the Council predicts a fiscal year 2011-2012 budget shortfall of \$838 million dollars.¹⁶ This situation puts a strain on Colorado residents and their ability to make ends meet, have access to governmental safety-net services, and/or maintain health insurance coverage that is frequently tied to employment.

Unemployment

The ability to cover basic living expenses and access health care is tied to employment.

Colorado’s average unemployment rate for 2009 was 7.3 percent, an increase from 3.9 percent in 2007.¹⁷ During the first half of 2009, the state experienced a net loss of over 74,000 jobs, bringing the total number of jobs down to the same level as 2001.¹⁶ However, western states in general have fared better than other areas of the country. Colorado’s 2009 unemployment ranking was the 18th lowest in the nation, and five of the seven states that border Colorado had even lower unemployment rates.¹⁸

Income

In 2008, Colorado ranked 14th in the nation in terms of household income, with a median income of \$56,993, compared to the U.S. at \$52,029. Colorado consistently demonstrates higher-than-average household income; however, like most states, Colorado has experienced a decade of stagnant income with no statistically significant difference from the year 2000. Household income varies widely within the state, with the highest average reported in Douglas County (\$98,871) and the lowest reported in Pueblo County (\$42,628).¹⁹

Income also varies by race/ethnicity. In 2008, the state’s Asian American/Pacific islander population had the highest median household income at \$60,948, followed by the White/non-Hispanic population at \$59,822 (not a statistically significant difference). In contrast, the median household income for the White/Hispanic population was 37 percent lower than for the White/non-Hispanic group, with the Black/ African American population reporting incomes 40 percent lower than for the White/non-Hispanic group (Table 3).¹⁹

Table 3. Colorado Household Income by Race/Ethnicity, 2008

Race/Ethnicity	2008 Colorado Median Household Income	% Difference from White (if statistically significant)
Asian American/ Pacific Islander	\$60,948	
White/non-Hispanic	\$59,822	
White/Hispanic	\$37,683	-37.0%
Black/African American	\$35,834	-40.1%

Source: Colorado Fiscal Policy Institute, Fact Sheet: Colorado Poverty October 2009.

The majority of children living in low-income families have parents who are married (60 percent) and at least one parent has full-time year-round employment (65 percent), indicating that many of these families are having trouble meeting expenses because they are working in low-wage jobs.²⁰

Poverty, defined as not earning enough income to meet basic needs based on family size, has been on the increase. Between 2001 and 2008, the total poverty rate, family poverty rate, and child poverty rate all had statistically significant increases as illustrated in Table 4.

Table 4. Percentage of Overall Poverty, Family Poverty and Child Poverty, Colorado 2001 and 2008

Year	Overall Poverty	Family Poverty	Children in Families at 100% Poverty
2001	9.6%	6.8%	12.2%
2008	11.4%	7.8%	15.1%

Source: Colorado Fiscal Policy Institute, Fact Sheet: Colorado Poverty October 2009.

During 2008, 32 percent of Colorado's children lived in families with incomes at or below 200 percent of the federal poverty level (FPL).²¹ FPL was defined in 2008 as an annual income of \$21,000 for a family of four; 200 percent FPL indicates a level of \$42,200. Some studies have suggested that families need at least an income that matches 200% FPL just to meet basic expenses.²² Yet even this income level may not be adequate. A study of Colorado households revealed that the majority of families living at 200% FPL or below had expenses beyond their income; twenty-five percent of those with incomes between 100% and 200% of the federal poverty guidelines had negative balances after paying baseline expenses, such as housing, utilities, transportation, food, childcare, alimony and child support.²³

What constitutes a self-sufficient level of income has not been determined. The federal poverty guidelines (FPL) use a formula developed in the 1960s that is the eligibility benchmark for many state and federal programs. Fifty years ago, approximately one-third of a family's income was spent on food. Consequently, the FPL multiplies the average food costs by three and adjusts for the number of family members and inflation. However, in today's world, the percentage of income spent on food has decreased while the costs of other expenses such as childcare, health care, and housing have risen.

Section 4: Education

Education is the gateway to economic opportunity, directly influencing an individual's occupation and income. Education plus occupation and income make up the indicators of social position described by social economic status (SES). SES is one of the greatest determinants of health. As education, job status and income increase, disease and death decrease: people have better health care access, live in safer neighborhoods, and engage in health-promoting behaviors such as physical activity, good nutrition and smoke-free lifestyles.²⁴⁻²⁵

Income and education are highly correlated. For example, 81 percent of all low-income children come from families where parents had less than a high school education. The poverty rate for Coloradans ages 25 and older without a high school diploma is 23 percent compared to

just over 3 percent for those with a college degree or higher.²⁶ Table 5 illustrates the difference in annual income by education level. Post-secondary education produces higher lifetime earnings and more stable employment.

Table 5. Median Annual Earnings of Year-Round, Full-Time Workers, Ages 25 and Older, by Highest Level of Educational Attainment and Gender, U.S., 2008

Gender	Some High School Education	High School Diploma or GED	Bachelor's Degree	Master's Degree
Males	\$29,680	\$39,010	\$65,800	\$80,960
Females	\$20,410	\$28,380	\$47,030	\$57,510

Source: U.S. Department of Education, National Center for Educational Statistics
Digest of Educational Statistics, 2009. Table 384.

College Degrees

In general, Colorado has a highly educated population. Over one-third (34.6 percent) of all Coloradans ages 25 and older have obtained a college degree, and Colorado is ranked 4th nationally in terms of post-secondary degrees. However, this level of educational attainment varies by race and ethnicity with clear disparities. The following figures (2005-2007) provide the percentage of residents, within various racial and ethnic groups that have obtained a college degree:²⁷

- Asian American/Pacific Islander population: 46%
- White/non-Hispanic population: 40%
- Black/African American population: 22%
- White/Hispanic population: 11%

Colorado's economy depends on a workforce that is highly educated. For more than six decades, 85 percent of jobs within the state have been in industries that could be categorized as "service" as opposed to "manufacturing" where labor is needed for production of a tangible product. Jobs within service industries have required college or advanced degrees in the areas of science, technical, professional, managerial, administrative, educational, health care, and social assistance.

High School Diplomas

While the prevalence of college graduates in Colorado is high, the percentage of high school students who graduate is relatively low. The national Healthy People 2010 Objective 7-1 is to increase high school completion to 90 percent, with Colorado students falling short of this target.

Table 6 provides Colorado's high school graduation rates for the years 2006, 2007 and 2008. It also illustrates racial and ethnic disparities in a similar pattern to college graduation rates. From 2006 through 2008, graduation rates increased slightly for Black/African American students, but declined for students with disabilities, limited English proficiency, and those who were

homeless or economically disadvantaged. Homeless children and children who are not proficient in English are at greater risk of not graduating from high school.²⁸

**Table 6. Colorado High School Graduation Rates, 2006-2008
by Race/Ethnicity, Gender, and Special Groups by Instructional Program**

Student Groups	2006	2007	2008
Race/Ethnicity			
Asian American/Pacific Islander	82.5	83.5	82.8
White/non-Hispanic	80.8	82.0	81.6
Black/African American	62.7	65.4	64.1
American Indian	56.9	58.9	57.5
White/Hispanic	56.7	57.1	55.6
Sex			
Female	78.0	78.6	77.4
Male	70.3	71.5	70.7
Special Groups			
Gifted & Talented	94.1	93.1	92.2
Students with Disabilities	68.5	63.7	63.0
Economically Disadvantaged	69.7	63.2	59.3
Migrant	70.5	61.1	58.0
Limited English Proficient	65.9	55.4	52.0
Title 1 (at disadvantaged schools)	60.8	51.7	45.3
Homeless	57.4	51.3	52.3
State Total (all students)	74.1	75.0	73.9

Source: Colorado Department of Education, Colorado Graduation Rates by Race/Ethnicity, Gender, and Instructional Program at <http://www.cde.state.co.us/cdereval/download/spreadsheet/2008Grads/GradRates-98to08.pdf>

Section 5: Access to Quality Health Care

A determinant of health status is access to quality health care. Access to preventive, primary and specialty care are heavily influenced by insurance coverage and the availability of health providers in a given geographic area. Both factors also influence quality in terms of having a usual source of care and access to specialists.

Health Insurance

During 2007-2008, Colorado's percentage of uninsured residents was 15.8, compared to the U.S. at 15.3 percent.²⁹⁻³⁰ Forty-one percent of Colorado's White/Hispanic population reported being uninsured, similar to national results for the White/Hispanic population.²⁹⁻³⁰ According to a 2008-2009 Colorado household survey, the majority of uninsured Coloradans, ages 19-64 years old, were employed but working for a company that did not offer a health insurance benefit.³¹ The Healthy People 2010 Objective 1-1 is to increase the proportion of U.S. residents with health insurance to 100 percent.

A main source of health insurance for Colorado residents is employer-based plans, but the percentage of private companies offering this benefit is steadily decreasing. In 2000-2001, close to two-thirds of private-sector businesses offered health insurance, compared to just over

half (52.1 percent) in 2008.³² In 2008, businesses with fewer than 50 employees were less likely to offer health insurance (38.1 percent) than companies with 50 or more employees (98.4 percent); and small firms comprised nearly one-third (31 percent) of the private-sector work force in Colorado.³² Insurance premiums have become a barrier for companies, nearly doubling in cost since the beginning of the decade. In 2000, family coverage averaged \$6,797 but increased to \$11,952 in 2008 (Figure 4).

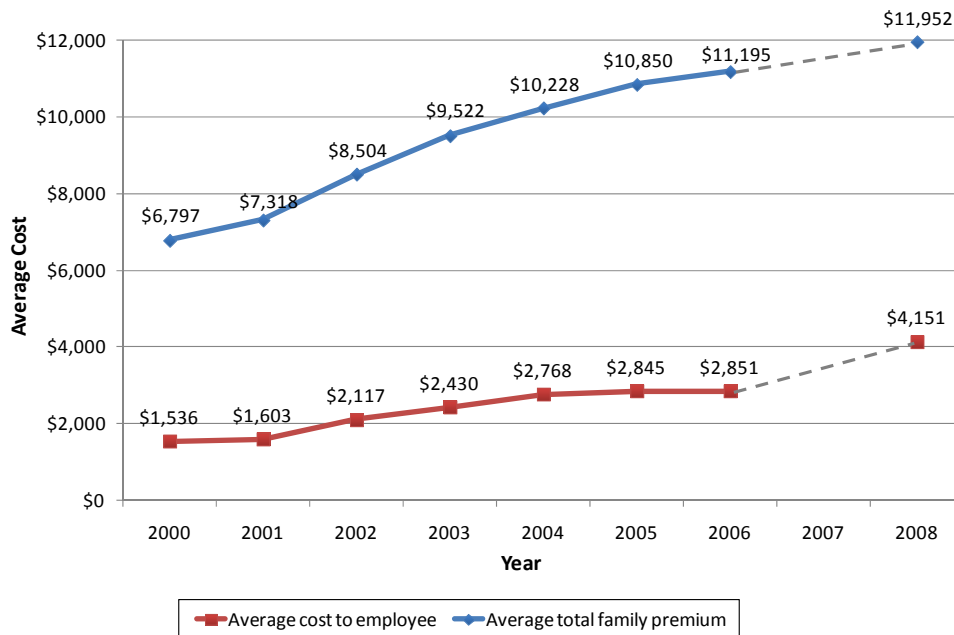


Figure 4. Average Total Family Premium per Enrolled Employee at Private-Sector Establishments That Offer Health Insurance and Average Employee Contribution to the Premium, Colorado, 2000-2008

Source: Agency for Healthcare Research and Quality (Data not available for 2007)

From 2000 through 2006, employers covered approximately 75 percent of the cost of the premium, but by 2008 were only covering an average of 64 percent, resulting in a cost-shift to the employee.³² A panel study of Colorado households found that only about half of households with incomes between 300 and 500 percent of the FPL had enough income left, after meeting basic financial responsibilities, to cover the current average cost of a family premium.²³ Another Colorado household study found that the vast majority of uninsured Coloradans who had been offered health insurance through their employer and turned it down, did so because the insurance was too expensive.³¹

Colorado's has high rates of uninsured residents relative to other areas. Among states and the District of Columbia, Colorado is ranked 36th for the percentage of persons younger than age 65 who have health insurance coverage, and 43rd for those under age 19. In fact, Colorado lags behind most states in insurance coverage for all racial/ethnic groups and lands near the bottom in terms of coverage of low income groups (Table 7).³³

Table 7. Percentage of Coloradans with Health Insurance and Ranking in Comparison to Other States and DC, 2006

Groups	Percent Insured	Rank*
Age Groups		
Under 65	81.3	36
Under 65 and below 200% FPL†	61.8	38
Under 19	86.5	43
Under 19 and below 200% FPL	74.8	49
Race/Ethnicity‡		
White, non-Hispanic	87.2	29
White, non-Hispanic and below 200% FPL	70.5	38
Hispanic‡	62.3	39
Hispanic and below 200% FPL	49.1	46
Black, non-Hispanic	78.6	33
Black, non-Hispanic and below 200% FPL	70.8	37

Source: Small Area Health Insurance Estimates, U.S. Census Bureau, <http://www.census.gov/did/www/sahie> accessed on 9/9/09. *Rank is the ranking of Colorado for percentage of residents with health insurance among the 50 states and the District of Columbia. A ranking of 36 (see Age Group Under 65) indicates that 35 states have a higher proportion of insured residents compared to Colorado. †Household income below 200% of the federal poverty level (FPL) guidelines. ‡Race/ethnicity groups from the original source; Hispanic ethnicity includes all races.

Government-sponsored insurance programs are available to seniors, people with disabilities and some low-income individuals without health insurance. All U.S. residents ages 65 and over are eligible for Medicare. Pregnant women and children living in households at or below the 200 percent federal poverty level are eligible for health insurance coverage either through the Child Health Plan Plus (CHP+) or Medicaid. Monthly enrollments in these two programs have increased from June 2008 to June 2009.³⁴ Of all Colorado children ages 18 years old or younger, an estimated 9% were enrolled in CHP+ and 28 percent were enrolled in Medicaid during state fiscal year 2008-2009.³⁵

Availability of Health Care Providers

Another factor that influences access to health care is the availability of health care providers. The Primary Care Office at the Colorado Department of Public Health and Environment estimates that over 1 million Colorado residents live in communities with a sub-optimal number of primary care providers. In fact, 53 out of Colorado's 64 counties have some level of federal "Health Provider Shortage Area" designation.

Colorado communities with the greatest need for additional providers include the towns of Commerce City and Strasburg; the rural counties of Clear Creek, Conejos, Costilla, Dolores, Jackson, Moffat, Park, Saguache and Yuma; and the eastern part of El Paso County. This need for additional providers is based on local indicators including: the ratio of primary providers to the population, the distance required to acquire care, the concentration of low-income residents, and the birth outcomes of pregnant women in the service area.³⁶ The National Healthy People 2010 Objective 1-5 is to increase the proportion of persons with a usual primary care provider to 85 percent.

References

1. Colorado Department of Personnel Administration. Colorado State Archives Geography Page. Available at: <http://www.colorado.gov/dpa/doit/archives/geography.htm> Accessed September 2009.
2. Colorado Department of Local Affairs, Division of Local Government State Demography Office. Population Totals for Colorado & Sub-State Regions: Forecasts in 1 year increments, 2000 – 2035. Available at: http://www.dola.state.co.us/dlg/demog/pop_colo_forecasts.html. Accessed March 2010.
3. Colorado Department of Local Affairs, Division of Local Government State Demography Office. Population Totals for Colorado. Available at: http://www.dola.state.co.us/dlg/demog/pop_colo.html Accessed September 2009.
4. Colorado Rural Development Council. Rural Colorado - Real Colorado, 2008 Annual Report of the Status of Rural Colorado. Available at: http://www.nwc.cog.co.us/docs/resources/economic_development/crdc_annual_report_2008.pdf. Accessed September 2009.
5. State Demography Office. 2010 population estimates by county. Available at: http://www.dola.state.co.us/dlg/demog/pop_cnty_forecasts.html. Accessed November 2009.
6. U. S.Census Bureau. U.S. Population 2000 – 2009. Available at: <http://factfinder.census.gov/servlet/SAFFPopulation>. Accessed March 2010.
7. Vital Statistics. Health Statistics Section. Colorado Department of Public Health & Environment.
8. Colorado Department of Local Affairs, Office DoLGSD. Components of Change: Births, Deaths, and Net Migration. Available at: <http://www.dola.state.co.us/dlg/demog/components.html> Accessed September 2009.
9. U. S.Census Bureau. State and County QuickFacts. Available at: <http://quickfacts.census.gov/gfd/states/08000.html> Accessed August 2009.
10. U.S.Census Bureau. Colorado S0201: Selected Demographic Profile, 2005-2007 American Community Survey 3-Year Estimates. Available at: http://factfinder.census.gov/servlet/IPTable?_bm=y&-context=ip&-reg=ACS_2007_3YR_G00_S0201:400;ACS_2007_3YR_G00_S0201PR:400;ACS_2007_3YR_G00_S0201T:400;ACS_2007_3YR_G00_S0201TPR:400&-qr_name=ACS_2007_3YR_G00_S0201&-qr_name=ACS_2007_3YR_G00_S0201PR&-qr_name=ACS_2007_3YR_G00_S0201T&-qr_name=ACS_2007_3YR_G00_S0201TPR&-ds_name=ACS_2007_3YR_G00_&-tree_id=3307&-geo_id=04000US08&-search_results=01000US&-format=&-lang=en Accessed September 2009.
11. U.S.Census Bureau. Colorado S1601: Language Spoken at Home, 2005-2007 American Community Survey 3-Year Estimates. Available at: http://factfinder.census.gov/servlet/STTable?_bm=y&-state=st&-context=st&-qr_name=ACS_2007_3YR_G00_S1601&-ds_name=ACS_2007_3YR_G00_&-CONTEXT=st&-tree_id=3307&-redoLog=true&-geo_id=04000US08&-format=&-lang=en Accessed September 2009.
12. U.S.Census Bureau. Colorado S1602 Linguistic Isolation 2005-2007 American Community Survey 3-Year Estimates. Available at: http://factfinder.census.gov/servlet/STTable?_bm=y&-state=st&-context=st&-qr_name=ACS_2007_3YR_G00_S1602&-ds_name=ACS_2007_3YR_G00_&-CONTEXT=st&-tree_id=3307&-redoLog=false&-geo_id=04000US08&-format=&-lang=en Accessed September 2009.

13. Colorado Department of Local Affairs, Division of Local Government State Demography Office. Projected Median Age by State/County 1990-2035. Available at: http://www.dola.state.co.us/dlg/demog/age_colo.html. Accessed October 2009.
14. U. S. Census Bureau. May 14 Press Release: "Census Bureau Estimates Nearly Half of Children Under Age 5 are Minorities: Estimates find nation's population growing older, more diverse.". 2009.
15. Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal and Child Health Journal*. 2003;7(1):13-30.
16. Colorado Legislative Council. Focus Colorado: Economic and Revenue Forecast, 2008-2012 Available at: <http://www.colorado.gov/cs/Satellite/CGA-LegislativeCouncil/CLC/1209461748559>. Accessed September 2009.
17. United States Department of Labor, Bureau of Labor Statistics. Local Area Unemployment Statistics. Available at: <http://www.bls.gov/lau/home.htm>. Accessed February 2010.
18. Bureau of Labor Statistics. Unemployment Rates for States. Available at: <http://www.bls.gov/web/laumstrk.htm> Accessed August 2009.
19. Colorado Fiscal Policy Institute. Fact Sheet: Colorado Poverty. Available at: <http://www.cclponline.org/pubfiles/Colorado%20Poverty%20Factsheet%20FINAL10-14.pdf>. Accessed April 2010.
20. National Center for Children in Poverty. Low Income Children in the United States: National and State Trend Data, 1997-2007. Accessed September 2009.
21. Poverty. NCfCi. Low-income Children in the United States: National and State Trend Data, 1998-2008. Available at: www.nccp.org. Accessed May 2010.
22. National Center for Children in Poverty. Measuring Poverty. Available at: <http://www.nccp.org/topics/measuringpoverty.html> Accessed September 2009.
23. Feder E. The Cost of Care: Can Coloradans Afford Health Care. Colorado Center on Law & Policy. 2009.
24. Office of Health Disparities. Racial and Ethnic Health Disparities in Colorado 2009. Colorado Department of Public Health & Environment; 2009.
25. National Center for Health Statistics. Health United States, 2008 with Chartbook. 2009.
26. U.S. Census Bureau. Poverty status in the last 12 months by sex by educational attainment for the population 25 and older: Colorado, 2005-2007. Available at: <http://factfinder.census.gov/>. Accessed September 2009.
27. U.S. Census Bureau. Percent of people 25 years and over who have completed a bachelor's degree, 2005-2007. Available at: http://factfinder.census.gov/home/saff/main.html?_lang=en. Accessed September 2009.
28. Colorado Department of Education. Colorado Graduation Rates by Race, Ethnicity, Gender and Instructional Program. Available at: <http://www.cde.state.co.us/cdereval/download/spreadsheet/2008Grads/GradRates-98to08.pdf> Accessed September 2009.
29. Behavioral Risk Factor Surveillance System. Health Statistics Section. Colorado Department of Public Health & Environment.
30. Gallup Poll. GallupHealthways Well-Being Index data for June 2009. Available at: <http://www.gallup.com/poll/121820/one-six-adults-without-health-insurance.aspx>. Accessed April 2010.
31. Colorado Department of Health Care Policy & Financing. Colorado Household Survey 2008-2009. 2009.
32. Agency for Healthcare Research & Quality. Medical Expenditure Panel Survey (MEPS). U. S. Department of Health & Human Services. 2009.

33. U. S.Census Bureau. 2006 Health Insurance Coverage Status for States. Available at:
<http://www.census.gov/did/www/sahie/> Accessed September 2009.
34. The Kaiser Family Foundation. StateHealthFacts.Org. Available at:
<http://www.statehealthfacts.org/profileind.jsp?ind=612&cat=4&rgn=7> Accessed September 2009.
35. Colorado Children's Campaign. 2010 Kids Count in Colorado! 2010.
36. Primary Care Office. Colorado Department of Public Health & Environment. 2009.